

Chain of Custody

Oiled Wildlife Care Network

Page ____ of ____

Spill Name: _____								
Circle ONE only (for entire page): LIVE or DEAD or OIL SAMPLE								
Circle ONE only (for entire page): BIRD or MAMMAL or OTHER								
OWCN Intake Number	Time Rec'd	Capture Location Beach name	Capture Location GPS coordinates if available	Name of capture person or general public	Phone number of capture person	Notes	Live Only:	
							Photo?	Feather?

Samples Relinquished By (Signature)	Received By Print Name	Organization & Phone number	Date	Samples Received By (Signature)	Print Name

***For each spill event sequential intake numbers begin with 1 at live bird COC station and 7001 at dead bird COC station.**
THE 1ST 2 SHADED COLUMNS OF THE UPPER TABLE SHOULD BE FILLED IN BY OWCN PERSONNEL ONLY, AFTER ARRIVAL AT THE OWCN FACILITY